

09/896,445

Patent  
Attorney Docket No.: PD-201191  
Customer No.: 020991

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED  
CENTRAL PAY CENTER

In re Application of: John BORDER et al. ) Examiner: Strange, A.  
Application No.: 09/896,445 )  
Filed: November 28, 2001 ) Group Art Unit 2153  
For: SYSTEM AND METHOD FOR READING AHEAD )  
OF CONTENT ) April 20, 2005

APR 20 2005

Assistant Commissioner for Patents  
Alexandria, VA 22313-1450

RESPONSE UNDER 37 CFR 1.111

Sir:

In response to the Office Action mailed January 21, 2005, please amend the above identified application as follows:

AMENDMENT TO THE SPECIFICATION ..... 2  
AMENDMENT AND PRESENTATION OF CLAIMS..... 3  
REMARKS..... 10

**BEST AVAILABLE COPY**

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

09/996445  
~~201191~~

**CLAIMS AS FILED - PART I**

|                                  | (Column 1)    | (Column 2)               |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 28            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 28 minus 20 = | * 8                      |
| INDEPENDENT CLAIMS               | 4 minus 3 =   | * 1                      |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

4/20/05

|             | (Column 1)                                     | (Column 2)                         | (Column 3)               |
|-------------|--|------------------------------------|--------------------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|             | Total  | * 35 Minus ** 28                   | = 7                      |
|             | Independent                                    | * 5 Minus *** 4                    | = 1                      |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    | <input type="checkbox"/> |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 370.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 740.00 |
| X\$18=    | 144    |
| X84=      | 34     |
| +280=     |        |
| TOTAL     | 968    |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           | 50             |
| X84=             | 350            |
| +280=            | 200            |
| TOTAL ADDIT. FEE | 550            |

|             | (Column 1)                                     | (Column 2)                         | (Column 3)               |
|-------------|--|------------------------------------|--------------------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|             | Total  | * Minus **                         | =                        |
|             | Independent                                    | * Minus ***                        | =                        |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    | <input type="checkbox"/> |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

|             | (Column 1)                                     | (Column 2)                         | (Column 3)               |
|-------------|--|------------------------------------|--------------------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|             | Total  | * Minus **                         | =                        |
|             | Independent                                    | * Minus ***                        | =                        |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    | <input type="checkbox"/> |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.